



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301 1200

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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Policy Memorandum - Data Quality Management Control (DQMC) Program

This memorandum establishes policy for implementation of the Data Quality Management Control Program for the Military Health System (MHS). The quality of our data is paramount to the success of our data driven enterprise. Decision-makers at all levels of the MHS are dependent on reliable information. Data are used within facilities to monitor performance improvement efforts and to improve outcomes. In addition, data are used comparatively among facilities to establish benchmarks. Regrettably, some of the MHS data currently collected and reported are unreliable and the MHS must immediately devote increased attention to improve the quality of our data.

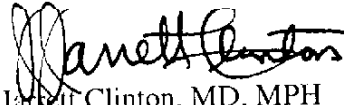
The General Accounting Office (GAO) report, "Medicare Subvention Demonstration: DOD Data Limitations May Require Adjustments and Raise Broader Concerns," May 1999, states that "the DOD cost system problems GAO and others have reported on over the years persist and continue to affect the DOD health care activities that rely on these systems." Additionally, the Department of Defense Inspector General (DoDIG) identified significant material management control weaknesses regarding the Composite Health Care System outpatient workload data in the Audit Report titled "Data Supporting the FY98 DoD Military Retirement Health Benefits Liability Estimate," April 1999. The DoDIG directed the MHS to develop and implement a data quality assurance and management control program, which complies with DoD Directive 5010.38, "Management Control Program" and OMB Circular No. A-123, Subject: "Management Accountability and Control."

Tri-Service working groups developed the MHS DQMC Program to improve the overall quality of our financial and clinical workload data. The program provides command oversight and recommended structure to improve the submission of complete, accurate, and timely data and to assure uniformity and standardization of information across the MHS. The attachments provide guidelines and reporting requirements under the DQMC Program.

The Data Quality (DQ) Manager at the Military Treatment Facility (MTF) shares responsibility with colleagues from resource and information management and patient administration to complete the monthly DQMC Review List (Attachment 1). Once the list is completed, the DQ Manager briefs the results to the MTF's executive committee. The commander forwards a Monthly Data Quality Statement (Attachment 2) to the Service's DQ Manager.

The Service DQ Manager is responsible for consulting with the MTFs' DQ Managers to implement and monitor the DQMC Program. Data quality deficiencies and findings will be briefed to the Service Surgeons General and then forwarded with proposed corrective actions to the Resource Management Steering Committee (RMSC) through the Management Control Program Office in TMA/RM. Metrics from the DQMC Program will be reported in TRICARE Operational Performance Statements (TOPS) and presented in briefings to the Deputy Surgeons General. Additionally, I will provide an annual statement of assurance to the Secretary of Defense regarding the status of the DQMC Program.

The overall objective of the DQMC Program is to improve the quality of our financial and clinical workload data, without placing undue burden on our MTFs. The DQMC program and reporting requirements have been tested in Region 11 and full implementation of the DQMC throughout the MHS is effective immediately.

A handwritten signature in black ink, appearing to read "Jarrett Clinton". The signature is stylized with a large, looped initial "J".

J. Jarrett Clinton, MD, MPH  
Acting Assistant Secretary

Attachments:  
As stated

cc:  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Executive Director, TRICARE Management Activity

## **Attachment 1 - Military Treatment Facility (MTF) Data Quality Management Control (DQMC) Review List**

*The quality of the Military Health System's (MHS) data is only as good as the data submitted by its activities. While data quality is important to the MHS for TRICARE contracts, optimization programs, and performance-based management, recent reports from the DoD Inspector General and the General Accounting Office have found a lack of management controls and have directed the implementation of a DQMC Program. The Management Control (MC) Program provides the structure to better assure accuracy, completeness and timeliness of data. Each MTF has a requirement to submit complete, accurate, and timely data because decisions at all levels within the MHS depend upon reliable information. The attached DQMC Review List was developed by Tri-Service Working Groups to assist the MTF Commander with the establishment of a DQMC program, and to provide the MHS leaders with information regarding the quality of its financial and clinical workload data. The following internal structures are recommendations for use by the MTF in achieving its data quality and management control responsibilities:*

- **Data Quality (DQ) Manager:** MTF Commander appoints a DQ Manager, who is responsible for accomplishing the DQMC activities. The DQ Manager will work with members of the Data Quality Assurance Team to *share responsibilities in the completion of DQMC Review List*. The DQ Manager works closely with senior level leaders including the Commander.
- **Data Quality Assurance Team:** MTF Commander establishes or tasks an existing structure to monitor financial and clinical workload data quality assurance and management controls. Recommendations are for the team to include the DQ Manager, directors of clinical activities, EAS/MEPRS Coordinator, Budgeting/Accounting, Patient Administration, Health Information Manager, CHCS Administrator, ADS Administrator, Information Management, and Internal Review offices.
- **DQMC Review List:** The MTF DQ Manager coordinates with the Data Quality Assurance Team and presents the results of the completed monthly DQMC review list to the Executive Committee and MTF Commander. *(DQMC Review List and the Commander's Data Quality Statement forms may be downloaded from the MHS DQ Homepage.)*
- **Commander's Monthly Data Quality Statement:** Specific information from the DQMC Review List is needed by the commander to complete the Commander's Data Quality Statement. *For any data quality issue related to systems operation that cannot be resolved at the local level, the issue must be noted in the comments section with the related trouble ticket.* The MTF DQ Manager submits the Data Quality Statement by the last day of the month to their respective Service DQ Manager. The Service DQ Manager will monitor and analyze these statements for compliance, brief their respective Surgeon Generals and summarize the findings and corrective actions through the TMA Management Control Manager for the Resource Management Steering Committee. The TMA Management Control Manager will be responsible for assessing the DQMC program and developing the Annual Statement of Assurance for Health Affairs.
- **Completed DQMC Review Lists:** Copies of the completed lists are maintained at the facility level. *(Internal Review offices and external oversight organizations such as the DoD Inspector General or GAO may use them as part of their audit activities).* The DQMC list is not forwarded to higher headquarters.
- **Internal/External Audits:** Involve local Internal Review Offices or Inspectors General to assist with program evaluations.

References:

1. Assessing the Reliability of Computer-Processed Data, GAO/OP-8.1.3, April 1991
2. DoD Directive 5010.40, "Management Control Program Procedures" August 28, 1996
3. OMB Circular No. A-123, Subject: Management Accountability and Control, June 21, 1995
4. Memo to Surgeons General, Subject: Policy for Implementation of the Medical Expense and Performance Reporting System/Expense Assignment System Data Validation and Reconciliation, December 21, 1999
5. DoD Policy on timeframes for SIDR/SADR submission

### Data Quality Management Control Review List

**Instructions:** The MTF DQ Manager and members of the DQ Assurance Team or (other designated structures) will forward the completed DQMC Review List to the MTF Executive Committee and Commander for review, coordination and action to meet timelines for completing the Commander's Data Quality Statement. Fill in the form with a Yes/No answer, count/percentage, or date as indicated. The completed list provides information for the completion of the monthly Commander's Data Quality Statement. **Bolded items contain data required for the Commander to complete the Data Quality Statement. Please explain negative responses in the comment sections with proposed corrective actions.** The list is an internal tool to assist in identifying and correcting financial and clinical workload data problems. All items on this checklist will be completed on a monthly basis unless otherwise specified. For tracking purposes, the completed forms must be kept on file.

#### A. Organizational Factors

*Leadership commitment and support are critical to assure the appropriate environment for data quality.*

A.1. The MTF Commander signed last month's Data Quality Statement acknowledging responsibility for the quality of data reported from the MTF.	Date signed:
A.2. The DQ Manager submitted the completed Commander's Data Quality Statement to the Service's DQ Manager.	Date sent:
A.3. The Data Quality Assurance Team or other designated structure met during the <i>current</i> month to complete the DQMC Review List and the monthly financial and workload data reconciliation and validation activities.	Date completed: Validation month:
A.4. The DQ Manager briefed the <i>current</i> month's DQMC Review List and financial and workload data reconciliation and validation results to the MTF Executive Committee.	Date briefed:
A.5. There was evidence in meeting minutes or other sources of corrective plans, appropriate resourcing and actions to follow-up on the previous month's negative findings? (For any data quality issue related to systems operation that cannot be resolved at the MTF, the issue should be noted in the comments section of this checklist with the related trouble ticket and must be noted in the comments section on the monthly Data Quality Statement.)	
A. Comments:	

#### B. Data Input

*Controls in this category are designed to insure data are entered into the application in an accurate, complete, and timely manner. For those items that require sampling, recommendations are for statistically valid sample sizes to be used when resources are available.*

<p>B.1 Most current written procedures, in accordance with MHS guidelines, were used by staff for entering, identifying, correcting and reprocessing data into the systems (web sites listed below provide links to electronic user manuals and guidelines)</p> <p>a) EAS/MEPRS <a href="http://www.tricare.osd.mil/ebc/rm_home/fai/mep/mep_01.htm">http://www.tricare.osd.mil/ebc/rm_home/fai/mep/mep_01.htm</a>  b) ADS <a href="http://cba.ha.osd.mil/projects/other/ads/ads-main.htm">http://cba.ha.osd.mil/projects/other/ads/ads-main.htm</a>  c) CHCS <a href="http://cba.ha.osd.mil/documents/documents-project.htm#chcsii">http://cba.ha.osd.mil/documents/documents-project.htm#chcsii</a></p>	<p><b>Quarterly Review</b></p> <p>a) b) c)</p>
<p>B.2. List the current version of software being used? (TMSSC to develop web based check to monitor currency of software version – <a href="https://infonet.tmsc.brooks.af.mil/">https://infonet.tmsc.brooks.af.mil/</a>)  <b>TMSSC listed version</b></p> <p>a) EAS/MEPRS a)  b) ADS b)  c) CHCS c)</p>	<p><b>MTF software version</b></p> <p>a) b) c)</p>
<p>B.3. Were common Files and Tables in automated systems accurate, current and synchronized by system administrators?</p> <p>a) Medical Center Division File  b) Department Service Location File  c) MEPRS Code File  d) ICD Code Tables  e) CPT Code Tables  f) Other (specify)</p>	<p>a) b) c) d) e) f)</p>
<p>B.4. Were procedures in place, which allow only supervisory personnel to override or bypass data validation and edits?</p>	
<p>B.5. Were all rejected files corrected, reconciled and resubmitted?</p> <p>a) EAS/MEPRS  b) ADS  c) CHCS</p>	<p>a) b) c)</p>
<p>B.6. Were providers in compliance with requirements to complete an ambulatory patient record (SADR) for every patient encounter (Specify # of providers reviewed _____)</p>	
<p><b>B.7. In a monthly review, was there evidence that daily end-of-day processing procedures were consistently being followed in all clinics?</b></p>	
<p>B.8. Were all scanning errors corrected and re-entered into ADS within the prescribed MTF timeframes?</p>	
<p>B.9. Were DEERS eligibility checks conducted for:</p> <p>a) Pharmacy scripts written by civilian providers # records reviewed  b) Nonscheduled ambulatory care (walk-ins) # records reviewed</p>	<p><b>% Compliance:</b></p>
<p>Comments:</p>	
<p align="center"><b>C. Data Output</b></p>	
<p><i>Data Output controls are used to ensure the accurate and timely distribution of outputs.</i></p>	
<p>C.1. Were system outputs reviewed for completeness and accuracy, and reconciled with source data systems before release to central systems/databases?</p>	

C.2. Was there a log or document to show each output product that has been transmitted to central systems? Documentation should identify the file name, recipient's name (Fort Detrick, etc.), time and date of transmittal.	
C.3. Was CHCS software used during the past month to identify duplicate patient records?	
<b>C.4. Were system outputs transmitted to central systems by date specified in Tri-service policies? (DoD policy to be issued)</b>  a) EAS/MEPRS (45 days after end of reporting month) b) SIDR/CHCS (5 <sup>th</sup> working day following month) c) WWR/CHCS (5 <sup>th</sup> working day following month) d) SADR/ADS (daily)	a) b) c) d)
C.5. Were inpatient and outpatient records completed on a timely basis? a) SIDRs completed and in a "D" status within 30 days after disposition b) SADRs completed and in a "C" status within 14 days after encounter	a) b)
C.6. Did systems administrators check to assure complete data outputs were received by central systems?	
C.7. Did ADS system administrator: a. Check ADS I-error log b. Correct ADS I-errors	a) b)
C.8. Were rejected records from SIDR corrected and resubmitted according to defined service procedures.	
C.9. Prior to submission of monthly biometrics, labor and workload data, the following information was validated in each clinic by its leadership:  a) Clinic and provider workload information (ADS/CHCS standardized reports) b) Accuracy of reported FTE labor hours c) Review completed ADS records to determine if providers were entering all required data d) End-of-day processing in CHCS and ADS to ensure all appropriate visits were recorded in both systems	a) b) c) d)
<b>C.10. In a review of dispositions from two months ago, the Inpatient Records Department determines the percentage with which the MTF complied with JCAHO standards for completion of medical records (Standard: minimum 50% of the average number of discharges complete within 30 days after patient disposition).</b>	<b>% compliance:</b>
<b>C.11. In a random review of CHCS dispositions, the medical records staff assessed the degree to which: (specify # reviewed: ____)</b>  <b>For each disposition:</b> a) Inpatient medical records could be located b) Documentation was complete c) Number of inpatient records whose assigned DRG codes were validated d) Completed SIDR was created for the record e) Data were consistent between the medical record and the SIDR	<b>Date completed:</b>  a) % b) % c) % d) % e) %
<b>C.12. In a random review of CHCS outpatient appointments from the preceding month, the medical records staff determined the following percentages: (specify # reviewed: ____)</b>  <b>For each outpatient encounter:</b> a) Outpatient medical records that could be located b) Documentation of the encounter found in the medical record c) Number of ambulatory records whose assigned E&M/ICD-9/CPT codes were validated d) Completed SADR was created for the encounter e) Data were consistent between the medical record and SADR	<b>Date completed:</b>  a) % b) % c) % d) % e) %

C.13. Using the CHCS Medical Records Tracking (MRT) module, was a list of outpatient records, which were checked out of the record section more than 30-days, forwarded to the Medical Records Committee or higher authority for resolution? (specify # records >30 days _____)	
C.14. Does the clinic staff follow through on responsibility to work with the medical record staff to assure outpatient records are retained by the facility?	
C.15. If the medical record was not available, did staff take action to retain a copy of the SF600 or other pertinent documentation in a temporary file and forward the original to the appropriate record room?	
C.16. In a random review of CHCS telephone consultations from the <i>preceding</i> month, were visit criteria met to include documentation in the medical record? (DoDI 6010.13M) (Specify # reviewed _____)	% Compliance:
C.17. In accordance with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation", dated 21 Dec 99:  a) Was monthly EAS/MEPRS financial reconciliation process completed and validated? b) Were monthly Inpatient and Outpatient EAS/MEPRS reconciliation processes completed and validated?	Date completed:  a) b)
C.18. Were all corrections to local MTF data previously submitted to central systems documented and resent to the respective systems?	
C.19. Were controls in place to prevent circumventing file-checking/edit routines?	
C.20. Were clinical workload outputs from CHCS, EAS/MEPRS and ADS consistent and reconciled? (Recommend reviewing data three months ago vice preceding month)  Month reviewed:  a) # SADR encounters / # WWR visits b) # WWR visits / EAS/MEPRS visits c) # SIDR / # WWR dispositions / # EAS/MEPRS dispositions  <i>i. For ADS Encounters, omit Appt Status of "No-Show," "Cancelled," and Disposition Code "Left without being seen, but include Appt Status "TelCon;"</i> <i>ii. For WWR visits and MEPRS visits use outpatient visits which include APV's;</i> <i>iii. Only SADR records marked with an Appt Status of "C" complete, or SIDRs with a Disposition Status of "D" discharged are to be included;</i> <i>iv. Since WWR only collects visit information on B codes, ADS and MEPRS should also be restricted to B MEPRS codes for encounters/visits.</i> <i>v. SIDRS to exclude Carded for Record Only (CRO) and absent sick records (primarily Army issue)</i>	Counts  a) b) c)



Comments:	
<b>D. Training/Education</b>	
<i>Controls in this area assure decision-makers that individuals who generate, collect, and analyze data and information are appropriately trained. Items in this section to be completed on Quarterly basis</i>	
D.1. Are procedures and documentation in place to ensure that all assigned personnel responsible for data entry receive training and education prior to using the systems?	
D.2. Do you provide remedial training when areas of discrepancies are identified?	
D.3. Is there documentation of formal ADS training for healthcare providers?	
D.4. Is there documentation that a Registered Health Information Administrator (RHIA), Registered Health Information Technician (RHIT), or other qualified individual provided in-service education activities to applicable staff (i.e., providers/clinical support/nurses/etc)?	
Comments:	
<b>E. Security:</b>	
<i>These controls should provide assurances that computers and the data they contain are properly protected against theft, loss, unauthorized access, and natural disaster. Items in this section to be completed on Quarterly basis</i>	
E.1. Were responsibilities for computer security formally assigned? (Name _____)	
E.2. Is there a security program (i.e., HIPPA compliance) in place to address:	
a. Password protection	a.
b. Access to systems	b.
c. Confidentiality of data	c.
E.3. Was there documentation regarding security training for staff? (# trained / # queried)	

Comments:		
<p align="center"><b>G. System Design, Development, and Operations:</b></p> <p><i>Controls in this category are intended to ensure that systems meet user needs, are developed economically, are thoroughly documented and tested, and contain appropriate internal controls. Items in this section to be completed on Quarterly basis</i></p>		
G.1. Was a System Administrator appointed in writing for each system?	(Enter Name)	
a) EAS/MEPRS	a.	
b) CHCS	b.	
c) ADS	c.	
G.2. Was a process in place that allows users to submit suggestions concerning new or enhanced requirements through the System Change Request process?		
G.3. Was a process in place, such as System Incidence Report, where users can identify issues affecting system functioning and operations?		
G.4. Were written procedures in place to assure routine system software and hardware maintenance?		
G.5. Are there points of contact identified for equipment failure issues? (Name(s) _____)		
G.6. Are there contingency plans in place such as installation of nightly backup tapes?		
Comments:		

Name of Reviewer(s)

Phone No.

Office:

- 1.
- 2.
- 3.
- 4.
- 5.

## Attachment 2 – Data Quality Statement

DATE: \_\_\_\_\_  
MTF: \_\_\_\_\_  
DMIS ID: \_\_\_\_\_

### MEMORANDUM FOR DHP RESOURCE MANAGEMENT STEERING COMMITTEE

**THROUGH:** SERVICE DATA QUALITY MANAGER  
TMA MANAGEMENT CONTROL PROGRAM MANAGER

**SUBJECT:** Data Quality Statement

I acknowledge responsibility for the financial and clinical workload data reported from my Military Treatment Facility (MTF). I am working with the MTF's Data Quality (DQ) Manager and have reviewed this month's DQ Management Control (DQMC) Review List to ensure complete, accurate, and timely data from my facility. I am aware the DQ Manager will forward the monthly data quality statement to my Service's designated DQ Manager and that higher headquarters are also tracking metrics at the corporate level. The following is information from this month's DQMC Review List:

1. Adherence to requirements for <i>daily</i> end-of-day processing procedures by all clinics (B.7)	Yes/No:
2. Compliance with Tri-service policies for timely submission of data: (C.4) e) EAS/MEPRS f) SIDR/CHCS g) WWR/CHCS h) SADR/ADS	Yes/No:
3. Compliance with JCAHO standards for the completion of inpatient record after discharge (Benchmark = 30 days after discharge) (C.10)	MTF's rate:
4. Outcome of monthly coding audits: (# validated / # records reviewed) a) Inpatient medical records (DRG codes) (C.11.c) b) Outpatient medical records (E&M/ICD9/CPT codes) (C.12.c)	MTF's rate: a) b)
5. Percentage of outpatient records located in a monthly review of CHCS visits (# records located / # records reviewed) (C.12.a)	MTF's rate:
6. In accordance with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation", dated 21 Dec 99: (C.17) c) Was monthly EAS/MEPRS financial reconciliation process completed and validated? d) Were monthly Inpatient and Outpatient EAS/MEPRS reconciliation processes completed and validated?	Date done: a) b)
7. Comparison of reported workload data: (C.18) Month: (See info in checklist) d) # SADR Encounters / # WWR Visits e) # WWR visits / # EAS/MEPRS visits c) # SIDR / # WWR dispositions / # EAS/MEPRS dispositions	Count:
8. I am aware of data quality issues identified by the DQMC Review List and when needed, have taken action to improve the data from my facility	Yes/No:

**Comments:** (For any data quality issue related to systems operation that cannot be resolved at the MTF, the issue must be noted in the comments section with the related trouble ticket.)

\_\_\_\_\_  
SIGNATURE  
(Commander/Officer-in-Charge)